

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?: No

Number of Copies of CRF::

Title:: CONTROL APPARATUS OF AUTOMATIC  
TRANSMISSION

Attorney Docket Number:: 000409-101

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kiyoharu

Middle Name::

Family Name:: TAKAGI

Name Suffix::

City of Residence:: Okazaki-shi

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 33-4, Higashikanji, Harisaki-cho

City of Mailing Address:: Okazaki-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Akira

Middle Name::

Family Name:: AIKAWA

Name Suffix::

City of Residence:: Aichi-gun

State or Province of Residence:: Aichi-ken

Country of Residence:: Japan

Street of Mailing Address:: 504, Nenokami, Nagakute-cho

City of Mailing Address:: Aichi-gun

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing  
Date::

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Japan	2003-081939	03/25/03	Yes

## **Assignee Information**

Assignee Name:: AISIN SEIKI KABUSHIKI KAISHA

Street of Mailing Address:: 1, Asahi-machi 2-chome

City of Mailing Address:: Kariya-shi

State or Province of Mailing Address:: Aichi-ken

Country of Mailing Address:: Japan

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